



Student Withdrawal Form

If you are withdrawing from all of your coursework for the term, you will need to complete this form and return it to the **Registrars Office**. This form is to be used by any student who has attended classes past the first two weeks of a semester.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ Student ID# _____

Today's Date: _____ Last Date of Attendance _____

I wish to completely withdraw from all of my courses for the semester. Semester: _____

REASON FOR WITHDRAWAL: (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Desired major was not offered by this college. | <input type="checkbox"/> Uncertain about career/major. |
| <input type="checkbox"/> If checked, what major are you interested
in _____ | <input type="checkbox"/> Accepted a full-time job or job conflict. |
| <input type="checkbox"/> Financial aid unavailable. | <input type="checkbox"/> Dissatisfied with my grades. |
| <input type="checkbox"/> Illness. | <input type="checkbox"/> Personal/Family. |
| <input type="checkbox"/> Needed a break from college life/studies. | <input type="checkbox"/> Academic Advising was inadequate. |
| <input type="checkbox"/> Lack of motivation to attend class. | <input type="checkbox"/> Joining the service. |
| <input type="checkbox"/> Decided to transfer. | <input type="checkbox"/> Disappointed by quality of instruction. |
| If checked, where to? _____ | |
| <input type="checkbox"/> Other. | |
| If checked, please explain. | |

I hereby certify that I wish to completely withdraw from all my classes I am enrolled in. I understand that this can affect my academic standing and may also affect my ability to receive PELL funding for this semester and future semesters at CCCC. I further acknowledge that it is my responsibility to pay any fees that I have accumulated during the semester and that it is my responsibility to pay these fees, and understand that it may be deducted from any future financial aid awards that I may receive.

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____